

CLAIMS ONLY

Application Number

10969995

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	I						51					
2		I					52					
3		I					53					
4		I					54					
5		I					55					
6		I					56					
7		I					57					
8	I						58					
9		I					59					
10		I					60					
11		I					61					
12		I					62					
13		I					63					
14		I					64					
15		I					65					
16		I					66					
17	I						67					
18		I					68					
19		I					69					
20		I					70					
21							71					
22							72					
23							73					
24							74					
25							75					
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27							77					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep		a					Total Indep					
Total Depend	17						Total Depend					
Total Claims	19						Total Claims					